PRINTED: 03/22/2019 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
			7 50.25			R-C	
		345277	B. WING _			03/	13/2019
NAME OF PI	ROVIDER OR SUPPLIER			STR	REET ADDRESS, CITY, STATE, ZIP CODE	•	
				400	VISION DRIVE		
WOODLA	ND HILL CENTER				HEBORO, NC 27203		
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{F 000}	INITIAL COMMENTS		{F 0	00}			
(5.040)	The tag F842 was recompliance effective		(5.0	40)			
{F 842} SS=C	Resident Records - Id CFR(s): 483.20(f)(5),		{F 8	42}			
	(i) A facility may not reresident-identifiable to (ii) The facility may re resident-identifiable to accordance with a coagrees not to use or o	lease information that is					
	-	rdance with accepted Is and practices, the facility al records on each resident ented; e; and					
	all information contain regardless of the form records, except when (i) To the individual, o representative where (ii) Required by Law; (iii) For treatment, pay operations, as permit with 45 CFR 164.506	or their resident permitted by applicable law; yment, or health care ted by and in compliance					
L ABORATORY	 DIRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATURE	=		TITLE		(X6) DATE

Electronically Signed

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		l ` ′	PLE CONSTRUCTION G	' '	(X3) DATE SURVEY COMPLETED		
		345277	B. WING			R-C 03/13/2019	
	ROVIDER OR SUPPLIER	1 2.550		STREET ADDRESS, CITY, STATE, ZIP CODE 400 VISION DRIVE ASHEBORO, NC 27203	I	03/13/2019	
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{F 842}	activities, judicial and law enforcement purpurposes, research purpurposes, a serious threat to he by and in compliance §483.70(i)(3) The far record information formation for a minor, 3 yelegal age under State §483.70(i)(5) The modification of the record of the record of the record of the record formation for and resident review determinations conductively for the provided; (iv) The results of an and resident review determinations conductively for the provided provid	violence, health oversight d administrative proceedings, poses, organ donation purposes, or to coroners, funeral directors, and to avert ealth or safety as permitted e with 45 CFR 164.512. cility must safeguard medical gainst loss, destruction, or all records must be retained e required by State law; or the date of discharge when ent in State law; or ears after a resident reaches e law. dedical record must containtion to identify the resident; esident's assessments; sive plan of care and services any preadmission screening evaluations and ucted by the State; e's, and other licensed	{F 84	2}			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION IG	` ′	OMPLETED
		345277	B. WING			R-C
	ROVIDER OR SUPPLIER	1 010211		STREET ADDRESS, CITY, STATE, ZIP COD 400 VISION DRIVE ASHEBORO, NC 27203		03/13/2019
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
{F 842}	wandering behaviors for 7 of 8 residents (#23, #24, #25) sample accurate medical resident #3 was 11/28/17 with diagnomental status, anxiemodification of a signomprehensive Minicassessment dated 1 s cognition was seven wandering behaviors. A review of Residen orders for March 20 wanderguard (an election of the second wanderguard	ely impaired residents with a attempt to exit the building) Residents #3, #8, #15, #22, bled for complete and cords. d: admitted to the facility on bases that included altered ty, and insomnia. The nificant correction to a prior mum Data Set (MDS) /25/19 indicated Resident #3' erely impaired, and he had	{F 8-			
	cognitively impaired behaviors attempt to function and placem. This order was placed Administration Record A review of the Marc through 3/12/19 indi Resident #3 's wand and placement was These dates and sh (1st shift), 3/3/19 (3rd An interview was co 3/13/19 at 3:13 PM. with Resident #3 an wanderguard to be of	residents with wandering bexit the building) with the sent to be checked every shift. Bed on the Treatment				

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		345277	B. WING			R-C 03/13/2019	
	ROVIDER OR SUPPLIER	1 0.021.		S'	TREET ADDRESS, CITY, STATE, ZIP CODE 00 VISION DRIVE SHEBORO, NC 27203	<u> U37</u>	13/2019
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	х	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
{F 842}	facility in the past. Nowith Resident #3 on 3 The TAR for 3/1/19 the documentation by Nuwanderguard being of placement for the 1st Nurse #1. She stated task but must have for that day. She reveale an inservice on the imaccurate documentation monitoring. She was had not completed this A phone interview ward on 3/13/19 at 3:45 PM familiar with Resident order for his wanderg function and placemed documentation to be indicated she worked and 3/9/19 during the 3/3/19 and 3/9/19 that by Nurse #2 of Reside being checked for funding the 3/3/19 and 3/9/19 that by Nurse #2 of Reside being checked for funding the she had completed the forgotten to initial the reported that sometimes shift, that she only initial account for both shifts recently received and account for complete and account for complete and account for complete and account for shifts and for the forgotten and account for complete and account for both shifts recently received and account for complete and account for complete and account for complete and account for shifts and the forgotten and account for complete and account	R. She revealed that insupervised exit from the urse #1 stated she worked 8/1/19 during the 1st shift. In at revealed no rse #1 of Resident #3 's hecked for function or shift was reviewed with dishe had completed the ingotten to initial the TAR dishe had recently received inportance of complete and it in related to wanderguard unable to explain why she is documentation. Is conducted with Nurse #2 A. She stated she was and that he had an uard to be checked for entire very shift with completed on the TAR. She with Resident #3 on 3/3/19 and shift. The TAR for the revealed no documentation ent #3 's wanderguard action or placement for the did with Nurse #2. She stated he task but must have TAR on those dates. She hees, if she worked a double tialed the TAR once to so the she was unable to she was unable to	{F 8	42}			

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		345277	B. WING			R-C 3/13/2019	
	ROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIP 400 VISION DRIVE ASHEBORO, NC 27203		0/10/2013	
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{F 842}	Nursing (DON) on stated that wander and placement was documented on the 3:00 PM shift, once shift, and once on indicated that if a nursing document this revealed she was ranged that she had monitoring was constated that she had monitoring audits the reviewed the March identified document The DON also reverthe facility with war one missed document monitoring for funct March 2019 TAR. expectation was for completed. 2. Resident #15 was 4/27/16 with diagnoral that the diagnoral that was sessment dated is cognition was must had no wandering. A nursing note date #15 was overheard car and stated that A physician is order 3/7/19 indicated and stated and stat	onducted with the Director of 3/13/19 at 3:53 PM. She guard monitoring for function is to be completed and at TAR once on the 7:00 AM to e on the 3:00 PM to 11:00 PM the 11:00 PM to 7:00 AM. She curse worked a double shift of to complete the task twice on the TAR twice. The DON responsible for monitoring the cumentation of wanderguard expleted three times daily. She is gotten behind on the his month and had just in 2019 TARs on 3/12/19 and tation that was incomplete. It is alled that 7 of 8 residents in inderguards had at least once entation of wanderguard tion and placement on their She stated that her in this documentation to be fully as admitted to the facility on one ses that included dementia. In the place of the place	{F 8	42}			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED R-C			
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	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 400 VISION DRIVE ASHEBORO, NC 27203		13/2013
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{F 842}	A review of the Marthrough 3/12/19 ind Resident #15 's wa and placement was The date and shifts shift) and 3/9/19 (3rd An interview was completed on the Tworked with Resident #15 and her wanderguard to placement every shough the two placement every should be a completed on the Tworked with Resided 3rd shift. The TAR documentation by Nownderguard being placement for the 3 Nurse #3. She statt task but must have that date. She revereceived an inservice complete and accur wanderguard monite explain why she had documentation. An interview was conversely and placement was documented on the 3:00 PM shift, once shift, and once on the statter was documented on the 3:00 PM shift, once shift, and once on the state was documented on the shift, and once on the state was documented on the shift, and once on the state was documented on the shift, and once on the state was documented on the shift, and once on the state was documented on the shift, and once on the state was documented on the shift, and once on the state was documented on the shift, and once on the state was documented on the shift, and once on the state was documented on the shift, and once on the state was documented on the shift, and once on the state was documented on the shift, and once on the state was documented	s placed on the Treatment ord (TAR). ch 2019 TAR from 3/7/19 icated 2 instances that inderguard check for function not initialed as complete. were as follows: 3/9/19 (2nd d shift). Inducted with Nurse #3 on She stated she was familiar and that she had an order for be checked for function and iff with documentation to be AR. She indicated she int #15 on 3/9/19 during the for 3/9/19 that revealed no lurse #3 of Resident #15 's checked for function or red shift was reviewed with ed she had completed the forgotten to initial the TAR on alled she had recently be on the importance of ate documentation related to oring. She was unable to do not completed this Inducted with the Director of 6/13/19 at 3:53 PM. She was unable to do not completed and TAR once on the 7:00 AM to on the 3:00 PM to 11:00 PM to 7:00 AM. The was responsible for monitoring	{F 842			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345277	B. WING			R-C 03/13/2019
	ROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIP CO 400 VISION DRIVE ASHEBORO, NC 27203		33/13/2013
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{F 842}	times daily. She starbehind on the monitor had just reviewed the 3/12/19 and identifier incomplete. The DO residents in the facility least once one misses wanderguard monitor placement on their Nother that her expectation be fully completed. 3. Resident #25 was 3/7/16 with diagnose The modified quarter assessment dated 2. 's cognition was sew wandering behaviors. A review of Resident orders for March 201 wanderguard with the checked every shift the Treatment Admir. A review of the March through 3/12/19 indices Resident #25 's war and placement was and placement was and placement was shift) and 3/9/19 (3rd An interview was con 3/13/19 at 3:00 PM. with Resident #25 ar her wanderguard to placement every shift.	ring was completed three ted that she had gotten oring audits this month and e March 2019 TARs on d documentation that was an also revealed that 7 of 8 ty with wanderguards had at ed documentation of ring for function and March 2019 TAR. She stated was for this documentation to admitted to the facility on es that included dementia. The Minimum Data Set (MDS) (4/19 indicated Resident #25 rerely impaired, and she had a daily. If #25's active physician's legincluded an order for a leginction and placement to lift. This order was placed on histration Record (TAR). The 2019 TAR from 3/1/19 cated 2 instances that inderguard check for function not initialed as complete. were as follows: 3/9/19 (2nd)	{F 84:	2}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING		
		345277	B. WING		R-C 03/13/2019	
	ROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIP C 400 VISION DRIVE ASHEBORO, NC 27203		0/10/2013
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{F 842}	3rd shift. The TAR fidocumentation by Ni wanderguard being of placement for the 3rd Nurse #3. She state task but must have fithat date. She reveal received an inservice complete and accurate wanderguard monitor explain why she had documentation. An interview was con Nursing (DON) on 3rd stated that wanderguard monitor and placement was adocumented on the 3:00 PM shift, once on the TARs to ensure of wanderguard monitor times daily. She state behind on the monitor had just reviewed the 3/12/19 and identified incomplete. The DO residents in the facilial least once one mission wanderguard monitor placement on their Notation that her expectation be fully completed. 4. Resident #8 was a state of the st	at #25 on 3/9/19 during the or 3/9/19 that revealed no curse #3 of Resident #25 's checked for function or d shift was reviewed with ad she had completed the orgotten to initial the TAR on aled she had recently e on the importance of ate documentation related to oring. She was unable to not completed this Inducted with the Director of 1/3/19 at 3:53 PM. She ward monitoring for function to be completed and TAR once on the 7:00 AM to on the 3:00 PM to 11:00 PM to 11:00 PM to 11:00 PM to 11:00 PM to 7:00 AM. The was responsible for monitoring documentation of oring was completed three ted that she had gotten oring audits this month and the March 2019 TARs on documentation that was the last occumentation of the step was revealed that 7 of 8 the with wanderguards had at the documentation of the step was revealed that 7 of 8 the with wanderguards had at the documentation of	{F 842			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI		NSTRUCTION	(X3) DATE COMP	SURVEY
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NAME OF PI	ROVIDER OR SUPPLIER	343211		STRE	ET ADDRESS, CITY, STATE, ZIP CODE	03/	13/2019
WOODLA	ND HILL CENTER				ISION DRIVE EBORO, NC 27203		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{F 842}	Continued From page	e 8	{F 8	42}			
	's cognition was seve wandering behaviors	12/19 indicated Resident #8 erely impaired, and she had daily.					
	orders for March 201 wanderguard with the be checked every shi	#8 's active physician 's 9 included an order for a e function and placement to ft. This order was placed on istration Record (TAR).					
	through 3/12/19 indic Resident #8 ' s wand and placement was r	erguard check for function not initialed as complete. ts were as follows: 3/9/19					
	3/13/19 at 3:00 PM. with Resident #8 and her wanderguard to be placement every shift completed on the TAI worked with Resident shift. The TAR for 3/1 documentation by Nuwanderguard being of placement for the 3rd Nurse #3. She stated task but must have for that date. She reveal received an inservice complete and accural	Irse #3 of Resident #8 's hecked for function or I shift was reviewed with I she had completed the orgotten to initial the TAR on I led she had recently on the importance of the documentation related to ring. She was unable to					
		ducted with the Director of					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER	1.000		STREET ADDRESS, CITY, STATE, ZIP C 400 VISION DRIVE ASHEBORO, NC 27203		3/13/2013	
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{F 842}	stated that wanderg and placement was documented on the 3:00 PM shift, once shift, and once on the DON revealed she wanderguard monitor times daily. She state behind on the monitor had just reviewed the 3/12/19 and identified incomplete. The DO residents in the faci least once one miss wanderguard monitor placement on their least	to be completed and TAR once on the 3:00 PM to 11:00 PM ne 11:00 PM to 7:00 AM. The was responsible for monitoring	{F 84:	2}			
	the facility on 7/20/1 included dementia. Set (MDS) assessm Resident #24 's cog and she had no war A review of Resider orders for March 20 wanderguard with the checked every s the Treatment Admit A review of the Mart through 3/12/19 ind Resident #24 's war	s most recently readmitted to 17 with diagnoses that The annual Minimum Data nent dated 1/9/19 indicated gnition was severely impaired, indering behaviors. In #24 's active physician 's 19 included an order for a ine function and placement to hift. This order was placed on inistration Record (TAR). In the control of t					

STATEMENT OF DEFICIE AND PLAN OF CORRECT		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION G		E SURVEY IPLETED
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These of (3rd shi) An inter 3/13/19 with Re her war placeme complet worked 3rd shift docume wander placeme Nurse # task but that dat received complet wander explain docume. An inter Nursing stated to and place docume 3:00 PN shift, and DON rethe TAF wanders times do behind a had just	riew was con at 3:00 PM. sident #24 ar iderguard to lent every shift ted on the TA with Resident. The TAR for thation by Niguard being of the state on the 3rd an inservice and accurate and accurate guard monito why she had entation. The TAR for the 3rd for the state on the monito and once on the vealed she was to ensure of guard monito and once on the vealed she was to ensure of guard monito and the monito on the monito on the monito on the monito or reviewed the	fts were as follows: 3/9/19	{F 84.	2}		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED
		345277	B. WING			R-C
	ROVIDER OR SUPPLIER	0.0271		STREET ADDRESS, CITY, STATE, ZIP 400 VISION DRIVE ASHEBORO, NC 27203	CODE	03/13/2019
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFII TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIA	DATE
{F 842}	that her expectation be fully completed.	ocumentation of ring for function and larch 2019 TAR. She stated was for this documentation to	{F 8	42}		
	10/31/18 with diagno The quarterly Minimu assessment dated 2/ #23 's cognition was had no wandering be	19/19 indicated Resident severely impaired, and she				
	orders for March 201 wanderguard with the be checked every sh	9 included an order for a e function and placement to ift. This order was placed on istration Record (TAR).				
	through 3/12/19 indic Resident #23 's wan and placement was r	th 2019 TAR from 3/1/19 cated 2 instances that derguard check for function not initialed as complete. evere as follows: 3/9/19 (2nd shift).				
	3/13/19 at 3:00 PM. with Resident #23 an her wanderguard to be placement every shift completed on the TA worked with Residen 3rd shift. The TAR for documentation by Nu wanderguard being of placement for the 3rd	she stated she was familiar and that she had an order for the checked for function and the with documentation to be the she indicated she that she had an order for the checked for function and the with documentation to be the she indicated she that she indicated she that she indicated she indica				

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NAME OF PROVIDER OR SUPPLIER WOODLAND HILL CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 400 VISION DRIVE ASHEBORO, NC 27203	•
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{F 842}	that date. She revereceived an inservior complete and accur wanderguard monit	ge 12 forgotten to initial the TAR on ealed she had recently be on the importance of rate documentation related to oring. She was unable to d not completed this	{F 8	42}	
	Nursing (DON) on 3 stated that wanderg and placement was documented on the 3:00 PM shift, once shift, and once on the DON revealed she the TARs to ensure wanderguard monit times daily. She stabehind on the moni had just reviewed the 3/12/19 and identificincomplete. The Doresidents in the facileast once one miss wanderguard monit placement on their that her expectation be fully completed.	oring was completed three ated that she had gotten toring audits this month and the March 2019 TARs on the documentation that was DN also revealed that 7 of 8 lity with wanderguards had at seed documentation of the oring for function and March 2019 TAR. She stated in was for this documentation to			
	11/13/18 with diagn The modification of Minimum Data Set 1/30/19 indicated R	s admitted to the facility on oses that included dementia. a significant change in status (MDS) assessment dated esident #22's cognition was and she had no wandering			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER WOODLAND HILL CENTER				STREET ADDRESS, CITY, STATE, ZIP COI 400 VISION DRIVE ASHEBORO, NC 27203		03/13/2019	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY)	ON SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
{F 842}	orders for March 20′ wanderguard with the checked every shifthe Treatment Admir A review of the March through 3/12/19 indicted and shift that Rescheck for function are initialed as completed. An interview was con 3/13/19 at 3:00 PM. with Resident #22 and her wanderguard to placement every shift completed on the TA worked with Resider 3rd shift. The TAR for documentation by Nowanderguard being of placement for the 3rd Nurse #3. She stated task but must have for the stated task	t #22 's active physician 's l9 included an order for a le function and placement to lift. This order was placed on listration Record (TAR). th 2019 TAR from 3/1/19 loated 1 instance on 3/9/19 for listident #22 's wanderguard and placement was not	{F 84:				
	received an inservice complete and accura wanderguard monitor explain why she had documentation. An interview was con Nursing (DON) on 3, stated that wanderguand placement was a documented on the	e on the importance of ate documentation related to uring. She was unable to not completed this adducted with the Director of 13/19 at 3:53 PM. She ward monitoring for function					

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
						R-C	
		345277	B. WING _			03/13/2019	
NAME OF PROVIDER OR SUPPLIER WOODLAND HILL CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 400 VISION DRIVE ASHEBORO, NC 27203			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
{F 842}	shift, and once on the DON revealed she was the TARs to ensure downderguard monitor times daily. She state behind on the monitor had just reviewed the 3/12/19 and identified incomplete. The DON residents in the facility least once one missewanderguard monitor placement on their Market and the same properties of the poor the p	e 11:00 PM to 7:00 AM. The as responsible for monitoring ocumentation of ing was completed three ed that she had gotten ring audits this month and March 2019 TARs on I documentation that was N also revealed that 7 of 8 y with wanderguards had at d documentation of	{F 8	42}			